

471-000-45 Instructions for Completing Form MC-75-7, "MDS 2.0 Section S"

USE: Form MC-75-7 (MDS 2.0 Section S) is the Nebraska specific elements added to the MDS 2.0 assessment form. It is to be completed each time for: a full assessment, a quarterly assessment, a short stay assessment, discharge, and re-entry.

1. Resident Name: Enter the resident's full name – first, middle initial, and last, as indicated.
2. Resident Identifier: Complete if resident does not have a Social Security Number. Use identifying number, which has been assigned by Department of Health and Human Services Finance and Support.
3. Nebraska Medicaid Number: Enter the resident's current, active Nebraska Medicaid numbers (11 digits, numbers only).

Leave blank if:
The resident is not eligible for Medicaid,
Nebraska Medicaid eligibility is pending, or
The resident is eligible for Medicaid in another state.
4. Alternate Provider Number: Complete if resident's care is being provided under an alternate Medicaid provider number, such as special contract or hospice.

For example, if the resident is receiving hospice services, the facility's Medicaid provider number will be entered in Section AA, item 6, and the hospice number will be entered here.
5. Payment/Hospice Date: To be used if:
 - The resident is receiving Medicare/Medicaid hospice services. In this case, enter the date of admission to hospice.
6. Foot Soaks: Enter 0 for no or 1 for yes.
7. Physician's Orders: Enter the number of times the physician or authorized assistant/practitioner changed the resident's orders in the prior 30-day period or since admission, whichever is shorter. Do not include order renewals without change.

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NEBRASKA HHS FINANCE
AND SUPPORT MANUAL

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MINIMUM DATA SET (MDS) - VERSION 2.0
FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING
State Specific Supplement - Nebraska

FORM
MC-75-7

Name of Nursing Facility			
SECTION S: SUPPLEMENT			
1. Resident Name (First)	(Middle Initial)	(Last)	(Jr/Sr)
2. Resident Identifier <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p style="font-size: small;">(Complete if resident does not have a social security number. Use number assignment by Nebraska Department of Social Services)</p>			
3. Nebraska Medicaid Number <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p style="font-size: small;">(Enter the resident's current active Nebraska 11-digit Medicaid Number. If none, leave blank. If pending, leave blank)</p>			
4. Alternate Facility Provider Number <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p style="font-size: small;">(Complete if resident's care is provided under an alternate provider number, such as special contract or hospice.)</p>			
5. Payment/Hospice Date <div style="display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <div style="text-align: center; margin-right: 10px;">Year</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">—</div> <div style="text-align: center; margin-right: 10px;">Month</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">—</div> <div style="text-align: center;">Day</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <p style="font-size: small;">To be used if:</p> <p style="font-size: small;">The resident is hospitalized and returns to the same facility. In this case, enter the date of original admission (as also shown in field AB1). The resident has been hospitalized, and the bed has been held for his/her return for the entire hospitalization. This is true whether the resident returns to SNF or NF care.</p> <p style="font-size: small;">NOTE: If the resident's bed was dropped (bed-hold discontinued) or if the resident went to another facility for SNF care, leave this field blank.</p> <p style="font-size: small;">OR</p> <p style="font-size: small;">The resident is receiving Medicare/Medicaid hospice services. In this case, enter the date of admission to hospice.</p>			
6. Foot Soaks (Check if applicable to resident during PAST 30 DAYS)			
7. Physician Orders (IN THE PRIOR 30 DAY PERIOD/since the resident was admitted, how many times has the physician (authorized assistant/practitioner) changed the resident's orders? (Do not include order renewals without change)).			